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CONFIRMATION NO. 2937

<b>SERIAL NUMBER</b> 10/781,507	<b>FILING OR 371(c) DATE</b> 02/18/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 532/3X8
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**\*\* CONTINUING DATA \*\*\*\*\*** *OK FCC*  
 This application is a CON of 10/688,632 10/17/2003 PAT 6,896,676 which is a CIP of 10/382,702 03/06/2003 PAT 6,908,484

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None FCC*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 05/12/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>EXAMINER'S SIGNATURE</b> <i>[Signature]</i>	<b>INITIALS</b> <i>[Initials]</i>		

**ADDRESS**  
27538

**TITLE**  
Instrumentation and methods for use in implanting a cervical disc replacement device

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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